

Stones River National Battlefield Researcher Registration Form

Name: _____ **Date:** _____

Picture I. D. card type, State Control Number: _____

Institutional Affiliation: _____

Work Address:

Phone: _____ **Fax:** _____ **E-mail:** _____

Home Address:

Phone: _____ **Fax:** _____ **E-mail:** _____

Contacted Park through: Visit _____ Letter _____

Phone call _____ Fax _____ E-mail _____ FOIA _____

Research Project Summary:

Publication Plans:

Collections used:

